An aerial photograph of a paved road with double yellow lines, curving through a dense, green forest. The road is the central focus, with the forest filling the rest of the frame. The lighting is bright, suggesting a sunny day.

The State of Delaware

Medical Third-Party Administrator (TPA) Request for Proposal (RFP)

Summary for the SEBC

November 8, 2021

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Overview of the Group Health Insurance Plan (GHIP)

- The GHIP provides medical and prescription drug benefits to approximately 129,000 active and retired employees of the State of Delaware and their dependents, including approximately 16,000 employees, retirees and their dependents from non-State groups that are allowed to participate in the GHIP according to Delaware Code (e.g., municipalities, local fire departments)
- There are four medical plan options for active employees and non-Medicare pensioners
 - Highmark Delaware currently administers the Comprehensive PPO and First State Basic plans
 - Aetna currently administers the HMO and CDH Gold plans
- There is one medical plan option for Medicare pensioners, the Special Medicare Medicfill plan, which is administered by Highmark Delaware
- The State's contracts with both third-party administrators (TPAs) expire on June 30, 2022 for the non-Medicare plans and on December 31, 2022 for the Medicare plan

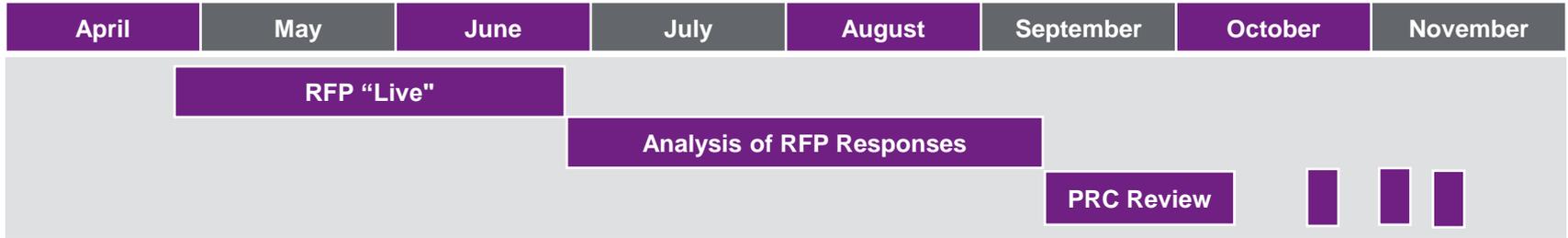
Goals of the Medical TPA RFP

Identify Medical TPA(s) that can:

Support the goals of the GHIP Strategic Framework	Provide competitive financial terms	Support the GHIP's programs and plan offerings	Deliver on core functions of a medical TPA
<ul style="list-style-type: none"> ▪ Increase proportion of spend through advanced alternative payment models ▪ Reduce per-member cost for diabetic members ▪ Limit total cost of care inflation ▪ Offer and increase engagement in decision support tools 	<ul style="list-style-type: none"> ▪ Competitive provider reimbursement rates and administrative fees ▪ Service level guarantees including accountability for supporting the GHIP Strategic Framework goals ▪ Offer solutions that uphold and support: <ul style="list-style-type: none"> ▪ Investments in primary care, and ▪ Affordability Targets of the Delaware Department of Insurance's Office of Value Based Health Care Delivery 	<ul style="list-style-type: none"> ▪ Administer current plans ▪ Support plan provisions that optimize effectiveness of GHIP benefit offerings ▪ Integrate with other programs and vendors supporting the GHIP ▪ Maintain a provider network that meets current and future state goals of the GHIP ▪ Provide supplemental coverage to Medicare-eligible retirees and their Medicare-eligible dependents ▪ Support other state-level health care initiatives 	<ul style="list-style-type: none"> ▪ Claims administration ▪ Provider network ▪ Care management ▪ Member services ▪ Care navigation support ▪ Online tools/resources ▪ Communications support ▪ Account management ▪ Reporting ▪ Participation in the Delaware Health Information Network (DHIN) ▪ Coordination with Delaware community health resources

RFP timeline

 Milestone




RFP posted publicly on GSS website (Apr 26)


RFP bids due (Jun 25)

- Bids received from:
- Aetna
 - Highmark


PRC meetings to review background and bid summary (Sept 13-14)


Vendor finalist interviews (Oct 4)


Scoring meeting #1 (Oct 18)


Scoring meeting #2 (Nov 2)


PRC recommendations presented to SEBC (Nov 8)

Contract Award Effective Dates

- 7/1/2022 for active employee/non-Medicare pensioner plan options
- 1/1/2023 for Medicare pensioner plan option

PRC scoring and recommendations

Please refer to the PRC recommendation for award of contract (dated November 8, 2021) for details on the outcomes of the PRC scoring meetings and recommendation to the SEBC